



DEPARTMENT OF PARKS AND RECREATION

5500 Schofield Avenue
Weston, WI 54476
(715) 359-6114 (715) 359-9988
(715) 241-SWIM (7946) - Aquatic Center

**WESTON AQUATIC CENTER
BIRTHDAY PARTY REQUEST FORM**

Applicant Name: _____ Reservation Date Requested: _____
Address: _____ Time of Use: (Circle One) 12:00 – 2:00 p.m.
Phone Number: _____ 2:00 – 4:00 p.m.
Today's Date: _____ 4:00 – 6:00 p.m.
Number of Participants: _____ 6:00 – 8:00 p.m.
Time you would like to eat: _____

Birthday Party Package

\$6 each person (minimum of 6)
A two-day reservation notice is required
Members of the party who wish not to get the package must still pay the daily admittance fee

Includes:

- Admission cost for each person in the party
- Reserved table in concession area for entire party (for 2 hours)
- 1 - 9oz soda for each child
- Slice of pizza
- Ice-cream treat



You may bring in cake and birthday gifts

Date Fee paid _____ Staff Signature _____

The undersigned accepts full responsibility for the conduct of the above group while on park property and agrees to indemnify and save harmless the Village of Weston from any and all liability which might be occasioned to said Village by virtue of granting permission in the rental agreement. I further agree to exercise due care in the preservation of the premises. I further agree that I will ensure compliance with all rules, regulations, or ordinances applicable to the use of the Weston Aquatic Center.

Applicant Signature _____ Date: _____